

UnitedHealthcare Community Plan Heritage Health Overview

October – November 2016

Agenda

- Welcome and Introductions
- UnitedHealthcare Community Plan Overview
- Member Benefits
- Clinical Services & Service Authorization
- Doing Business with UnitedHealthcare Community Plan
- Pharmacy Services
- Value-Add Services
- Questions

Mission and Vision

Our Mission

Help People Live Healthier Lives

Our Vision

To be the premier health care delivery organization in the eyes of our state partners, providing health plans that meet the unique needs of our Medicaid members as well as our members in other government-sponsored health care programs. And to be effective partners with physicians, hospitals and other health care professionals in serving their patients.



Our United Culture



Our mission is to help people live healthier lives.
Our role is to make health care work for everyone.

Integrity.
Compassion.
Relationships.
Innovation.
Performance.

Honor commitments
Never compromise ethics

Walk in the shoes of people we serve
and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence
in everything we do

Nebraska Health Plan Facts

- UnitedHealthcare has been operational since 1984
 - Total individuals covered – over 425,000
 - With more than 312 employees in Nebraska market
- UnitedHealthcare Community Plan of Nebraska
 - The Health Plan began serving Nebraska Medicaid clients in 1996 in three counties and added seven additional counties in 2010.
- UnitedHealthcare Community Plan of Nebraska has been accredited by the National committee for Quality Assurance (NCQA) since Aug. 12, 2005. Our current status is Commendable and was granted Aug. 25, 2014. Our current certificate carries us through Aug. 25, 2017.



Benefits & Services

- Managed Care Plans will be responsible for the same benefits and services provided by Medicaid, that include:
 - Physical health
 - Behavioral health
 - Pharmacy
 - Transplant
 - Telehealth/Telemental
- Managed Care Plans will not be responsible for:
 - Dental services
 - Institutional LTC/NF services at a custodial level of care
 - School-based services
 - HCBS waiver services but will coordinate with case managers to facilitate care
 - Targeted case management services
 - Medicaid State plan personal assistance services
 - Non-Emergency Transportation (NET) Services
 - NET services are currently administered through IntelliRide

Member ID Card



Health Plan/Plan de salud (80840) 911-87726-04

Member ID/ID del Miembro: 999999999 Group/grupo: NESHAD

Member/Miembro: SUBSCRIBER BROWN Payer ID/ID del Pagador: 87726

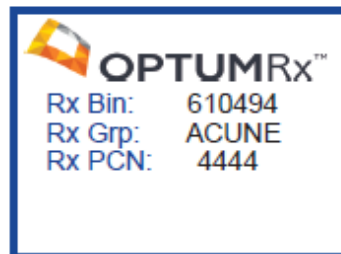
Medicaid Number: 999999999999

PCP Name/Nombre del PCP:

DR. PROVIDER BROWN

PCP Phone/Teléfono del PCP:

(999)999-9999



Back

In an emergency go to nearest emergency room or call 911.

Printed: 99/99/99

0501

Administered by UnitedHealthcare of the Midlands, Inc.

Front



En caso de emergencia, acuda a la sala de emergencia más cercana o llame al 911.
This card does not guarantee coverage. For coordination of care call your PCP. To
verify benefits or to find a provider, visit the website www.uhccommunityplan.com or call.

For Members/Para Miembros: 800-641-1902 TTY 711
Vision/Servicios para la vista: 800-879-6901
NurseLine/Línea de enfermeras: 877-543-4293
Enrollment Broker/Agent de ventas: 888-255-2605

For Providers: www.uhccommunityplan.com 866-331-2243
Claims: PO Box 31365, Salt Lake City, UT 84131

For Pharmacist: 1-877-231-0131
Pharmacy Claims: OptumRx PO Box 29044. Hot Springs. AR 71903

Verifying Member Eligibility & Benefits



Please verify member eligibility and benefits through one of the following ways before providing services:

- **UnitedHealthcare Community Plan Resources:**

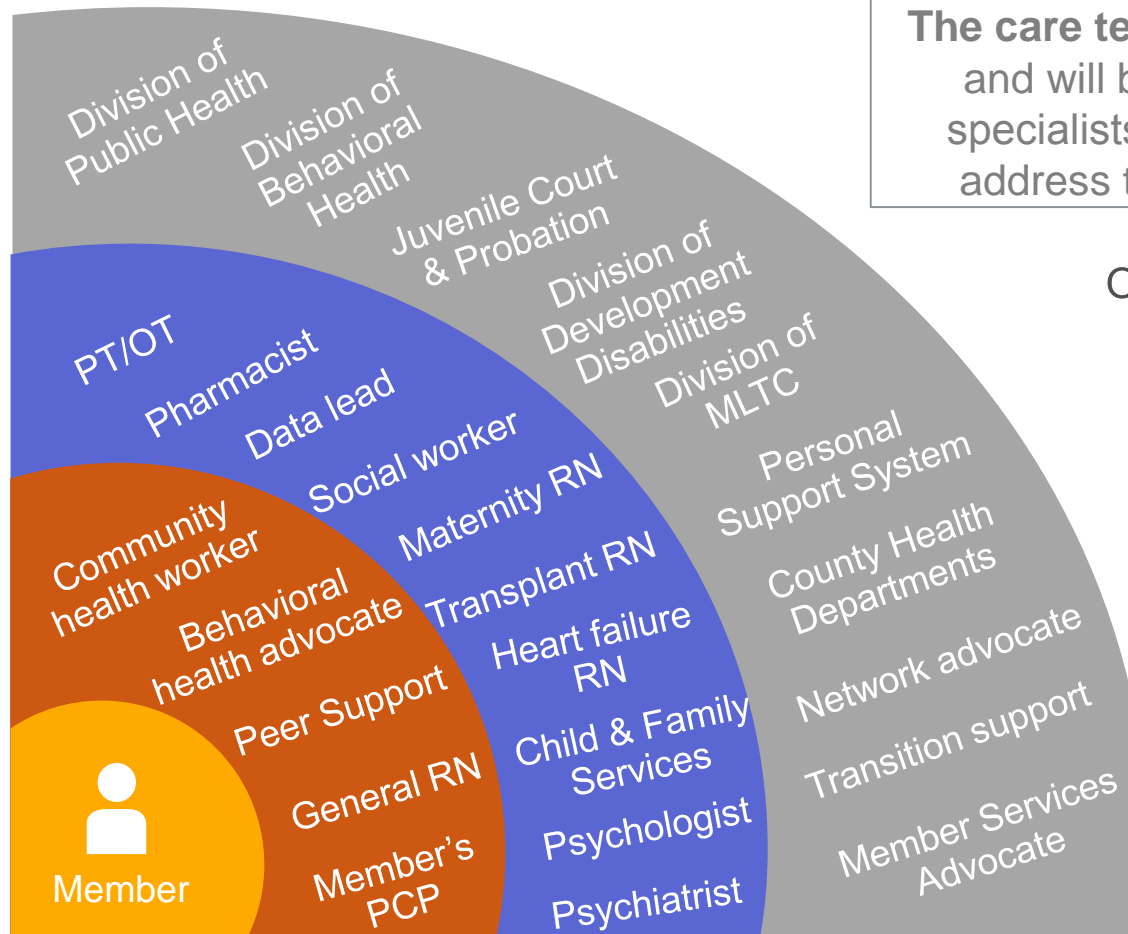
- Access the Eligibility & Benefits application on our secure portal.
www.UnitedHealthcareOnline.com > *Link Sign In* > *sign in with your Optum ID* > Eligibility & Benefits application
- Provider Services: 1-866-331-2243 or the number on the back of the member's ID card

- **Heritage Health Resources:**

- NMES IVR – Telephone voice response system
 - Lincoln 402-471-9580
 - Outside of Lincoln 800-642-6092

Always check benefits before providing services to a UnitedHealthcare Community Plan member

Whole Person Care Team



The care team will report to one leader and will be supported by program specialists who can “flex” to quickly address the needs of the member

Optimal health and well-being

Whole person centered care

Whole person care focuses on how the physical, behavioral and social needs of a person are interconnected to maintain good health

Aligned to the delivery system

Care focused on supporting the physician to member relationship

Role of the Care Navigators

- The care navigator helps members with complex physical health, complex behavioral health, and co-morbid medical conditions connect with needed services and resources
- Care navigators collaborate and partner with individuals in the development of a comprehensive plan of care which coordinates the following:
 - Therapeutic services (therapy, medication management)
 - Community and psychosocial supports (education/support regarding illness, coordination with support system, other supportive services)
 - Coordination of care between physical and behavioral health providers and clinicians
 - Recovery and Resiliency Services (peer support, development of a crisis/recovery plan, life planning activities)
 - Other services as appropriate (legal, shelter, basic needs, etc.)
- It is very important to notify a member's care navigator, as expeditiously as warranted by the member's circumstances, of any significant changes in the member's condition or care, hospitalizations, or recommendations for additional services.

Role of the Recovery & Resiliency Team

- Our Recovery & Resiliency (R & R) team will consist of certified peer support specialists and a recovery & resiliency manager
- This team will work with individuals and families to develop wellness, whole person care and recovery action plans of care, including community/social determinants connections
- Family peers/peers will act as conduits to R & R Services (peer support, development of a crisis/recovery plan, life planning activities, community connection, treatment options and more) and to other services as appropriate (legal, shelter, basic needs, etc.)
- Members of the Recovery & Resiliency team will provide a consultancy role to other physical and mental health providers

CommunityCare

An online coordination care-planning tool accessible to members and the service coordination team. Lets everyone on the care team get real-time information to assist with coordination of care.

Accessible information includes:

- ✓ Care plan
- ✓ Authorization requests
- ✓ Medication list
- ✓ Test and screening results
- ✓ Gaps in care reporting
- ✓ E-mail communications



Member access is different than the provider access.

Prior Authorization Requirements

- Prior authorizations may be required to meet State or internal UHC requirements.
- Notification of a request for service is not a guarantee of payment. The care provider or facility requesting prior authorization will receive a written decision of clinical coverage determination based on medical necessity.
- If prior authorization is required, a clinical coverage review will be conducted to determine if the service is medically necessary based on evidence-based clinical guidelines.
- After clinical review is completed, if clinical information submitted does not meet medical necessity guidelines the care provider will be offered a peer-to-peer review with the reviewing UnitedHealthcare physician.
- An complete list of services requiring prior authorization is available at www.uhccommunityplan.com.
- Prior authorizations may be requested by calling 1-866-604-3267 or online at www.UnitedHealthcareOnline.com > *Link Sign In* > *sign in with your Optum ID* > Prior Authorization & Notification application

Prior Authorization* (sample list)

- Inpatient Hospitalization Services
- Psychiatric Acute and Sub-Acute Inpatient Care
- Psychiatric, Substance Use and co-occurring Adult Residential Services and Youth Residential Services (i.e. Psychiatric Residential Treatment Facility, Therapeutic Group Home)
- Durable Medical Equipment (DME)
- Behavioral Health Partial Hospitalization/Day Treatment/Intensive Outpatient

- Psychological Testing
- Electroconvulsive Therapy
- Diagnostic Testing (i.e. Radiology and Cardiology)
- Bariatric Surgery
- Transplant Services
- Assertive Community Treatment (ACT)
- Home Health & Hospice
- Prescriptions

*List is not inclusive of all services.

For prior authorization call 1-866-604-3267 or for more information visit:

<http://www.uhccommunityplan.com/health-professionals/ne.html>

Appeals Process

- Provider may appeal any decision regarding authorization or provision of services that may include an adverse determination on type or level of service, suspended authorization or timely responses
- Appeals can be made by calling or writing the Customer Service Center within 90 calendar days from the date on the MCO's Notice of Action.
 - National A&G Service Center • PO Box 31364 • Salt Lake City, UT 84131
- All comments or documents considered in the appeal will need to be sent in writing
- Expedited appeal decisions can be requested, resulting in a 72 hour turnaround time, if there is a risk to the patient's health
- Provider has a right to receive a copy of the rule used to make the decision

Claims Submission Process

- **How to submit:**

- Submit Electronically
 - Accepting several clearinghouses including: Web MD ENVOY, Medavant, and ENSHealth
- www.UnitedHealthcareOnline.com
 - Secure portal to view eligibility, submit prior authorization request and submit claims for Medicaid members
- Paper claims may be submitted to the following address:
 - UnitedHealthcare • PO Box 31365 • Salt Lake City, UT 84131

- **What to include:**

- Submit claims with member's subscriber ID number
- Use Payer ID number 87726 for all Community Plan claims

Electronic Payments & Statements (EPS)

- With EPS, you receive electronic funds transfer (EFT) for claim payments, plus your EOBs are delivered online
 - ✓ Lessens administrative costs and simplifies bookkeeping
 - ✓ Reduces reimbursement turnaround time
 - ✓ Funds are available as soon as they are posted to your bank account
- To receive direct deposit and electronic statements through EPS, please enroll at myservices.optumhealthpaymentservices.com. The following information needed:
 - ✓ Bank account information for direct deposit
 - ✓ Either a voided check or a bank letter to verify bank account information
 - ✓ A copy of your practice's W-9 form
- If you are already signed up for EPS, you will automatically receive direct deposit and electronic statements through EPS for UnitedHealthcare Community Plan of Nebraska
- *For more information, please call 866-842-3278, option 5 or go to www.UnitedHealthcareOnline.com > Quick Links > Electronic Payments and Statements*

Claims Reconsiderations

Claims Administrative Appeals (Claim Reconsiderations)

- Claims administrative appeal is for any payment decision after health care services are rendered which may include:
 - Missing prior authorizations, untimely filing or reimbursement disagreements
- Reconsiderations can be made by sending a written letter to the address below:
 - UnitedHealthcare • Provider Claim Disputes • PO Box 31365 • Salt Lake City, UT 84131
- Appeal letters should include the reason for denial as stated on the remittance and enclose all relevant documentation to support the claim reconsideration
- The appeal must be filed within the time frames specified in the participating provider contract
- All comments or documents considered in the appeal will need to be enclosed which may include contract rate sheets or fee schedules.

Claim Adjustment

- Claims adjustments for underpayments or overpayments may be simplified in submission using www.UnitedhealthcareOnline.com and submitting the Claim Reconsideration Form or by calling the Provider Service Center at 866-331-2243.
 - www.UnitedhealthcareOnline.com > Tools & Resources > Forms > Claim Section > Paper Claim Reconsideration Form.

Credentialing and Contracting

To initiate credentialing and for UnitedHealthcare Community Plan Provider Network, please call our automated service line at 1-877-842-3210. You'll need to provide your tax identification number (TIN) or social security number (SSN) and then follow the prompts:

- Health Care Professional Services> Credentialing> Request for Participation

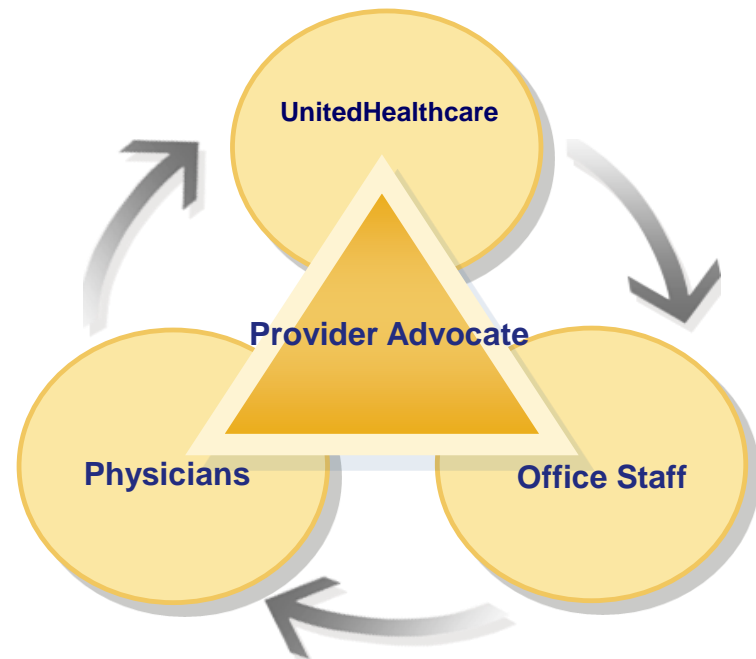
If you have specific contracting questions, please contact us at the addresses below, mailboxes are reviewed daily:

- For **physical health provider** questions, please call 1-866-331-2243 or email the Nebraska contracting team mailbox at [Nebraska PR Team@uhc.com](mailto:Nebraska_PR_Team@uhc.com). For more information regarding the contracting process you can visit www.unitedhealthcareonline.com
- For **behavioral health provider** questions, please call 1-877-614-0484 or email the Nebraska contracting team mailbox at neherhlth@optum.com. For more information regarding the contracting process you can visit www.providerexpress.com
- For **pharmacy provider** questions, please call 1-877-633-4701, option 2 or email the pharmacy contracting team mailbox at provider.relations@optum.com. For more information online, visit www.optumrx.com

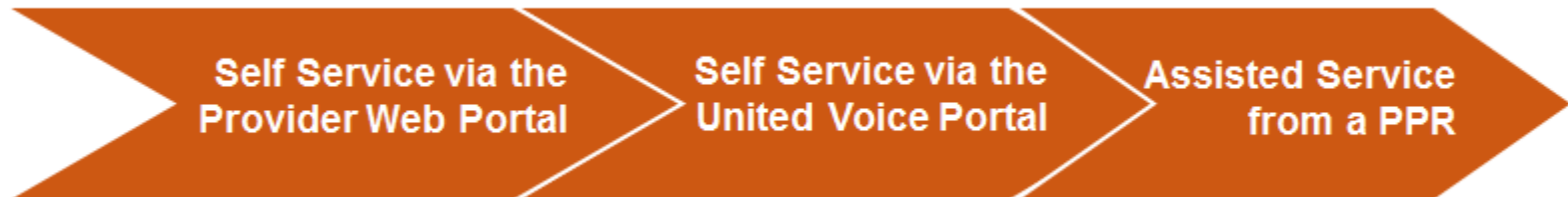
Provider Relations Service Model

UnitedHealthcare Provider Advocates are an important resource when you have questions or issues to resolve. They are your single point of contact across all lines of business and benefit plans to help make your interactions with us easier and more efficient.

- A UnitedHealthcare navigational specialist
- Product expert
- Externally focused – interacts with the providers and has a direct line of sight to the challenges experienced by local practices.
- Relationship manager – builds collaborative working relationships and communicates changes to providers in a timely way



Provider Relations Service Model



Options for Interaction



Access the self-service options available 24 hours a day via Link at www.unitedhealthcareonline.com



Call the voice portal for self-service information at 1-866-331-2243

Call Customer Care 1-866-331-2243 to speak with a local provider representative



Contact the provider advocate team mailbox at Nebraska_PR_Team@uhc.com to serve as your navigational specialist

Online Provider Resources

- **Link**

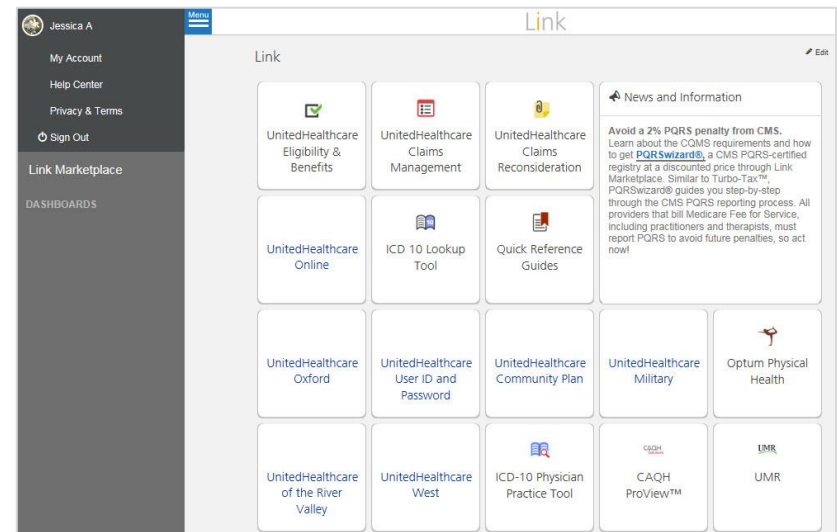
- Your gateway to UnitedHealthcare online tools and resources
- www.UnitedHealthcareOnline.com > *Link Sign In* > *sign in with your Optum ID*

- **UnitedHealthcare Community Plan application**

- Documents specific to UnitedHealthcare Community Plan of Nebraska, including:
 - Provider Manual
 - Provider Newsletters
 - Reimbursement & Clinical Policies
- www.UHCCCommunityPlan.com > *For Health Care Professionals* > *Select Your State* > *Nebraska*

- **UnitedHealthcareOnline application**

- Resources including:
 - Claim submission
 - Advance notification
 - Prior authorization guidelines
 - Member eligibility
- www.UnitedHealthcareOnline.com

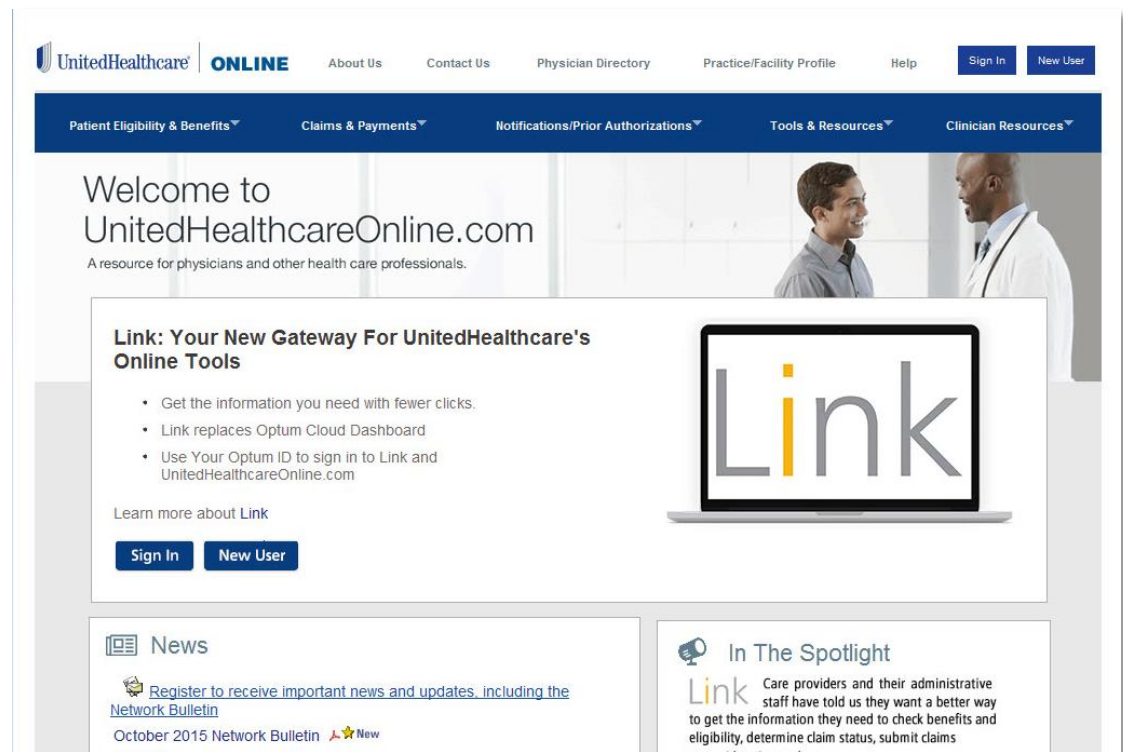


Introduction to Link


Link is an intuitive online solution with features to help streamline work for providers. Link users can quickly move between applications and even customize the screen to put common tasks just one click away.

Applications on Link include:

- Eligibility & Benefits
- Claims Management
- Claims Reconsideration
- Provider Data Management
- Electronic Payments & Statements (EPS)
- Review coordination of benefits
- View Gaps in Care
- Use Link to access other care provider websites



Link Home Page

 Jessica A

Menu

My Account

Help Center

Privacy & Terms











Sign Out

Link Marketplace

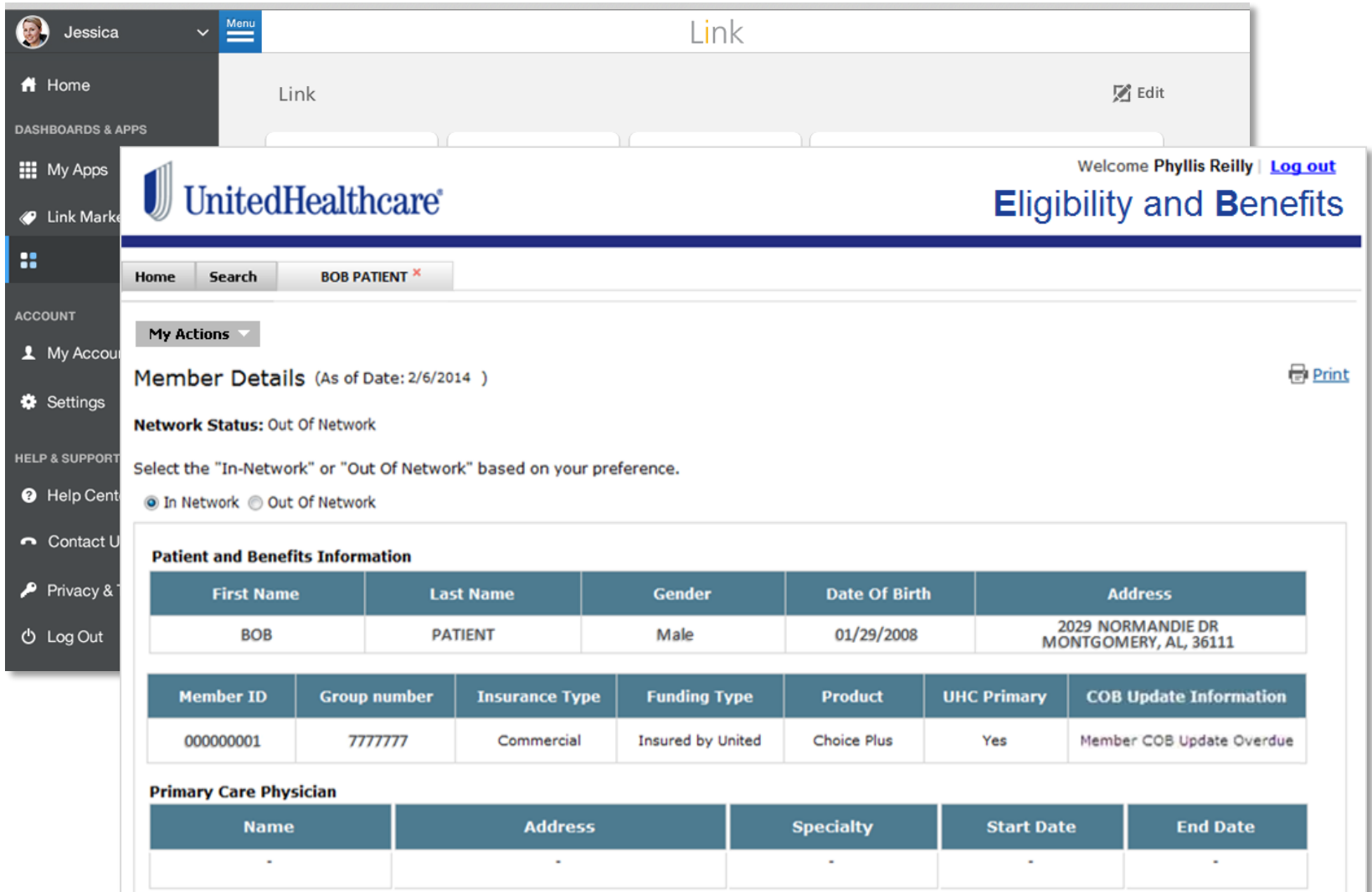
DASHBOARDS

Link

Edit

 UnitedHealthcare Eligibility & Benefits	 UnitedHealthcare Claims Management	 UnitedHealthcare Claims Reconsideration	 News and Information Avoid a 2% PQRS penalty from CMS. Learn about the CQMS requirements and how to get PQRSwizard® , a CMS PQRS-certified registry at a discounted price through Link Marketplace. Similar to Turbo-Tax™, PQRSwizard® guides you step-by-step through the CMS PQRS reporting process. All providers that bill Medicare Fee for Service, including practitioners and therapists, must report PQRS to avoid future penalties, so act now!	
UnitedHealthcare Online	 ICD 10 Lookup Tool	 Quick Reference Guides		
UnitedHealthcare Oxford	UnitedHealthcare User ID and Password	UnitedHealthcare Community Plan	UnitedHealthcare Military	 Optum Physical Health
UnitedHealthcare of the River Valley	UnitedHealthcare West	 ICD-10 Physician Practice Tool	 CAQH ProView™	 UMR

Apps Open in a Separate Window



The screenshot displays the UnitedHealthcare 'Eligibility and Benefits' portal. The user is logged in as Jessica. The page title is 'Link' with an 'Edit' button. The sidebar menu includes 'Home', 'My Apps', 'Link Market', 'ACCOUNT' (My Account, Settings), and 'HELP & SUPPORT' (Help Center, Contact Us, Privacy & Terms, Log Out). The main content area shows the 'Member Details' for 'BOB PATIENT' as of 2/6/2014. The network status is 'Out Of Network'. Below this, there are two tables: 'Patient and Benefits Information' and 'Primary Care Physician'.

Member Details (As of Date: 2/6/2014)

Network Status: Out Of Network

Select the "In-Network" or "Out Of Network" based on your preference.

☒ In Network ☐ Out Of Network

First Name	Last Name	Gender	Date Of Birth	Address
BOB	PATIENT	Male	01/29/2008	2029 NORMANDIE DR MONTGOMERY, AL, 36111

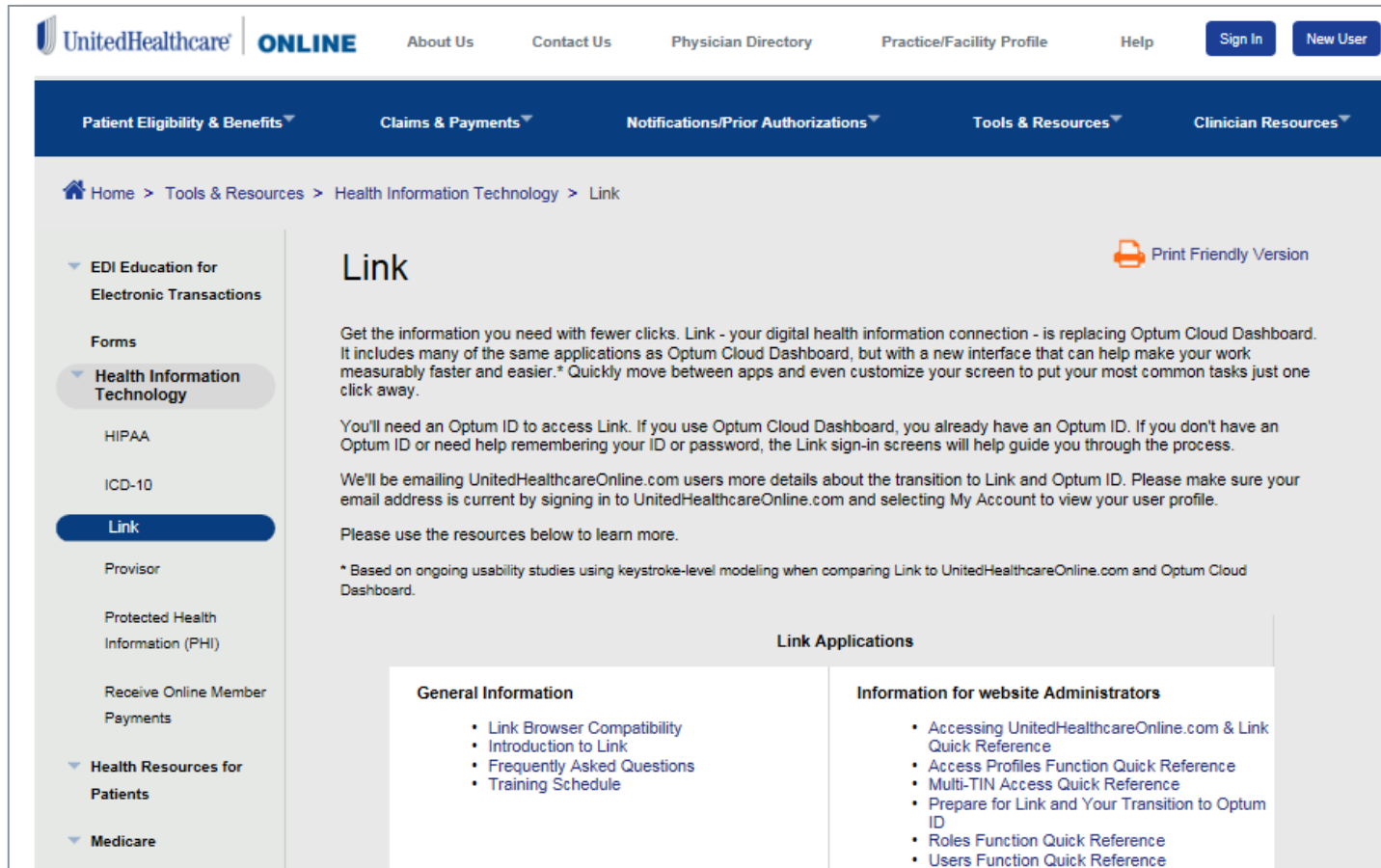
Member ID	Group number	Insurance Type	Funding Type	Product	UHC Primary	COB Update Information
000000001	7777777	Commercial	Insured by United	Choice Plus	Yes	Member COB Update Overdue

Primary Care Physician

Name	Address	Specialty	Start Date	End Date
-	-	-	-	-

Link Resources

To learn more about Link, please visit the Link resources page at UnitedHealthcareOnline.com > Quick Links > Link: Learn More.



The screenshot shows the UnitedHealthcare ONLINE website. The top navigation bar includes links for About Us, Contact Us, Physician Directory, Practice/Facility Profile, Help, Sign In, and New User. Below this is a dark blue header with categories: Patient Eligibility & Benefits, Claims & Payments, Notifications/Prior Authorizations, Tools & Resources, and Clinician Resources. The main content area is titled 'Link' and includes a 'Print Friendly Version' button. The left sidebar lists various resources, with 'Link' highlighted under 'Health Information Technology'. The main text explains that Link is replacing the Optum Cloud Dashboard and provides instructions on how to access it using an Optum ID. A table at the bottom lists 'Link Applications' for General Information and website Administrators.

Link

Get the information you need with fewer clicks. Link - your digital health information connection - is replacing Optum Cloud Dashboard. It includes many of the same applications as Optum Cloud Dashboard, but with a new interface that can help make your work measurably faster and easier.* Quickly move between apps and even customize your screen to put your most common tasks just one click away.

You'll need an Optum ID to access Link. If you use Optum Cloud Dashboard, you already have an Optum ID. If you don't have an Optum ID or need help remembering your ID or password, the Link sign-in screens will help guide you through the process.

We'll be emailing UnitedHealthcareOnline.com users more details about the transition to Link and Optum ID. Please make sure your email address is current by signing in to UnitedHealthcareOnline.com and selecting My Account to view your user profile.

Please use the resources below to learn more.

* Based on ongoing usability studies using keystroke-level modeling when comparing Link to UnitedHealthcareOnline.com and Optum Cloud Dashboard.

Link Applications	
General Information	Information for website Administrators
<ul style="list-style-type: none">• Link Browser Compatibility• Introduction to Link• Frequently Asked Questions• Training Schedule	<ul style="list-style-type: none">• Accessing UnitedHealthcareOnline.com & Link Quick Reference• Access Profiles Function Quick Reference• Multi-TIN Access Quick Reference• Prepare for Link and Your Transition to Optum ID• Roles Function Quick Reference• Users Function Quick Reference

Provider Communication Tools

- **Provider Manual**
 - A comprehensive source for the information you and your staff need regarding claims, benefits, prior authorization, medical management and other plan components.
 - *UHCCommunityPlan.com > Health Professionals > Nebraska > Provider Manual*
- **Practice Matters newsletter**
 - Nebraska specific quarterly publication for network care providers.
 - *UHCCommunityPlan.com > Health Professionals > Nebraska > Newsletters*
- **Network Bulletin newsletter**
 - Monthly publication featuring important protocol and policy changes, as well as useful administrative information and clinical resources for providers, practice managers, facilities and hospitals.
 - *View Network Bulletin at UnitedHealthcareOnline.com > Tools & Resources > News & Network Bulletin*
- **Reimbursement Policy Updates**
 - Alert you to any changes in reimbursement policies or procedures
- **Provider Advocates**
- **Town Hall/ Webinars**

Pharmacy Contracting

- **Pharmacy Contracting**

- For pharmacy contract questions contact OptumRx Pharmacy Network Relations at (877) 633-4701, option 2 or email your questions to provider.relations@optum.com. For more information online, visit www.optumrx.com
- Credentialing assistance call (877) 633-4701 option 2 or email pharmacycredentialing@optum.com.
- **MAC questions:** call OptumRx Pharmacy Network Relations at (877) 633-4701, option 7 or email rxreimbursement@optum.com

- **DME**

- UnitedHealthcare will continue to cover diabetic testing supplies and limited home health supplies via the pharmacy benefit at pharmacies. Comprehensive DME is covered through the medical benefit
- All providers interested in contracting or with DME questions, please call 1-866-331-2243 or email the Nebraska contracting team mailbox at [Nebraska PR Team@uhc.com](mailto:Nebraska_PR_Team@uhc.com). For more information regarding the contracting process you can visit www.unitedhealthcareonline.com

PDL and Prior Authorization

- Heritage Health program defines the Preferred Drug List, or PDL, and it is a subset of all coverable drugs under Medicaid
- The Nebraska PDL requires prior authorization on certain medications
- Pharmacies receive notification of prior authorization and edit requirements via pharmacy point-of-sale messaging
- Prior Authorization Requests - Prescribers may submit prior authorizations
 - By calling 1-800-310-6826 or by fax at 866-940-7328
 - Online at www.UnitedHealthcareOnline.com > *Link Sign In* > *sign in with your Optum ID* > Prior Authorization & Notification application
- Prior authorizations decisions are made in 24 hours upon receipt of requests
- Decisions are communicated to both prescriber and member
- The PDL + Drugs Outside of the PDL = The UnitedHealthcare Community Plan Formulary (Drugs outside of the PDL are managed by UHC Community Plan)



Medication Therapy Management (MTM)

- We believe that whole person centered Medication Therapy Management (MTM) helps members adhere to their medication regimen and promotes PDL and therapy management adherence
- **Retail pharmacy engagement to provide MTM services is an important part of the UnitedHealthcare quality program**
- Pharmacists will be credentialed through vendor/partner and will receive payment based upon services
- Our robust MTM program supports improved health outcomes by promoting the following:
 - ✓ Evaluation of the safety, appropriateness and efficacy of medication treatment plans
 - ✓ Identification and resolution of potential or actual care gaps
 - ✓ Benchmarking against quality standards
 - ✓ Transition of care facilitation
 - ✓ Elimination of costly inefficiencies

Pharmacy Claims Information

- **Pharmacy POS (Point-of-Sale)**
 - **Pharmacy Claims System** adjudicates the pharmacy claim at the point-of-sale
 - Pharmacy Claims Processing Identifiers (effective 1/1/2017)
 - ✓ Process ID (BIN): 610494
 - ✓ Processor Control Number (PCN): 4444
 - ✓ Group: ACUNE
- **Waiving Copayments**
 - To encourage members to adhere to medication schedules, UHC waives copayments on covered pharmacy services
- The Point Of Sale (POS) claim processing system will provide detailed messages to pharmacies on claim rejects (i.e., preferred drug list, quantity limit, prior auth required) to help the pharmacy identify and resolve the reason for the denial
- Pharmacies needing **claims assistance** can call our dedicated pharmacy claims department at 877-231-0131, 24 hours, 7 days per week.

Pharmacy Resources Online




Available to all providers via UHCCommunityPlan.com

Both PDL and formulary information can be found at UHCCommunityPlan.com > For Health Care Professionals > Nebraska > Pharmacy Program tab







- Additional information available on our website includes, but is not limited to:
 - ✓ Formulary, including drug lookup tool
 - ✓ Clinical criteria
 - ✓ Prior authorization forms
 - ✓ Prescriber Reference Guide
 - ✓ Maximum Allowable Cost information
 - MAC program overview and list
 - Directions for submission of pharmacy pricing inquiry
 - ✓ MTM program information





Value-Added Services

Value-Added Service	Description
 Waived copayments	To encourage members to adhere well visit, we waive copayments on covered services
 Adult physicals/immunizations	To promote self-care and healthy habits, we provide coverage for adult physicals and immunizations
 Baby Blocks	Build a healthy future for new mom and the baby and earn great rewards through Baby Blocks. This program keeps mom-to-be and the baby healthy during pregnancy and the baby's first 15 months of life. Reminders and rewards members for attending appointments
 Healthy First Steps	Members identified as pregnant are contacted by our maternity and child

Value-Added Services

Value-Added Service	Description
 <p>Community Baby Showers</p>	<p>We provide education and awareness on prenatal/postpartum care to pregnant moms. A community partner presents health education on pregnancy to the moms</p>
 <p>text4Baby</p>	<p>We provide health and wellness information related to pregnancy, childbirth and childcare</p>
 <p>Community Health Worker</p>	<p>Our community health workers personally connect with members and influence their behavior by providing education and the resources they need to access timely and appropriate care. They help the members to overcome social barriers.</p>
 <p>Dr. Health E. Hound</p>	<p>We deliver nutritional education to parents and children through our mascot, Dr. Health E. Hound, who promotes fitness and healthy habits</p>

Value-Added Services

Value-Added Service	Description
 <p>4-H Food Smart Families and Sesame Street</p>	<p>Key national partners, with Sesame Street and National 4-H Council, help us educate members on healthy habits and good nutrition.</p>
 <p>Health4Me</p>	<p>A mobile app that lets you easily access health plan information. It's built to be a go-to-health care resource when members are on the go.</p>
 <p>Advocate4Me</p>	<p>Member Advocates focus on compassion and resolution for members. Assist members with their needs first, then engage in additional items to benefit their health (HRA, PCP assignment, Gaps in Care)</p>
 <p>NurseLine</p>	<p>Nurses will handle medical questions and situations for members 24 hours a day, 7 days a week. Our nurses will listen to symptoms, offer self-care, advise on getting to a provider and more</p>

Contacts

Name	Title	Phone	Email
Kathy Mallatt	Chief Executive Officer	402.445.5591	kmallatt@uhc.com
Michael Horn, M.D.	Chief Medical Officer	402.445.5586	michael_horn@uhc.com
Jim Elliston	Chief Financial Officer	402.445.5616	jim_elliston@uhc.com
Cassandra Price	Chief Operating Officer	402.445.5631	cassandra_price@uhc.com
Jeremy Sand	Director, Network Programs	402.445.5587	jeremy_sand@uhc.com
Barb Palmer, RN	Director, Clinical Services	402.445.5671	barbara_palmer@uhc.com
Cyndi Margritz, RN	Director, Quality	402.445.5526	cynthia_margritz@uhc.com
Kim Manning	Director, Marketing & Community Outreach	402.445.5580	kim_b_manning@uhc.com
Heather Johnson	Manager, Performance Excellence	402.445.5711	heather_a_johnson@uhc.com
Michael Steere	Manager, Provider Service & Advocacy	402.445.5647	michael_steere@uhc.com
Jean Scharfenkamp	Manager, Network Contracting	402.445.5312	jean_scharfenkamp@uhc.com
Meagan Weese	Sr. Hospital and Physician Advocate	402.445.5463	meagan_l_weese@uhc.com
Connie Duncan	Director, Provider Services/Optum	612.632.5349	connie.g.duncan@optum.com
Adam Proctor	Manager, Behavioral Health	402.445.5618	adam_proctor@uhc.com
Alison Scheid	Sr. Provider Advocate/Optum	612.632.6788	alison.scheid@optum.com
Tracy Gandara-Moore	Provider Advocate/Optum	763.732.6060	tracy.gandara-moore@optum.com
Jessica Wykert	Provider Advocate/Optum	763.957.1392	jessica.wykert@optum.com
Bernadette Ueda, PharmD	Pharmacist Account Manager	402.445.5306	bernadette.ueda@uhc.com

Questions